# M2000005028

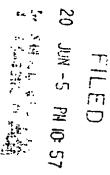
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:  SIG FREST availed Certificate;  I was out due to Obvid; I  JUST GOT THE CERT. ON 6/5/20
360g

Office Use Only



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05/01/20--01011--003 \*\*130.00



### **COVER LETTER**

TO:

Registration Section Division of Corporations

NMLE Properties, LLC

Nan	ne of Limited Liability Company		
he enclosed "Application by Foreign Limited Liability xistence, and check are submitted to register the above	Company for Authorization to Transact Business referenced foreign limited liability company to t	s in Florida," Certificat ransact business in Flo	
ease return all correspondence concerning this matter	to the following:		
Edward J. Hitchcock			
	Name of Person		
Hitchcock Law Firm, PLLC			
	Firm/Company	<del> </del>	
1465 Arcade Street			
	Address		
Saint Paul, MN 55106			
	City/State and Zip Code		
ehitchcock@hitchcocklaw.com			
E-mail address: (to b	be used for future annual report notification)	20	
r further information concerning this matter, please ca	all:		
Edward J. Hitchcock	651 772-3401 at ( )	e Number	
Name of Contact Person	at ()	e Number 2	
Mailing Address:	Street Address:	<b>₽ ₽</b>	
Registration Section	Registration Section	57	
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee		
Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810			
	Tallahassee, FL 32303		
Enclosed is a check for the following amount:	PADTMENT OF STATE		
□ \$125.00 Filing Fee ■ \$130.00 Filing Fe	ee & 🔲 \$155.00 Filing Fee & 🔲 \$160.00	Filing Fee, Certificate	
Please make check payable to: FLORIDA DE	ee & 🔲 \$155.00 Filing Fee & 🔲 \$160.00	Filing Fee, Certificate tatus & Certified Cop	

# APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: NMLE Properties, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC.") (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable) (Date first transacted business in Florida, if prior to registration.) (See sections 605,0904 & 605,0905, F.S. to determine penalty liability) (Street Address of Principal Office) (Mailing Address) 15 Glendale St Villas of Clearwater Beach, #A9 9470 Foxford Road Clearwater, FL 33767 Chanhassen, MN 55317 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Nicholas M. Leddy Name: 15 Glendale St Villas of Clearwater Beach, #A9 Office Address:

#### Registered agent's acceptance:

Clearwater

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Registered agent's signature)

(City)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity:	Name and Address:	Title or Capaci	ty:	Name and Address:
□Manager	Name: Nicholas M. Leddy	□Manager	Name:	
■Member	Address: 15 Glendale St Villas of	□Member		
□Authorized	Clearwater Beach, #A9	□Authorized		
Person	Clearwater, FL 33767	Person		
□Other	Other	Other	·	Other
☐Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
JAuthorized		□Authorized		
Person		Person		<u> 2</u>
Other	Other	Other	<u>.</u>	Other
]Manager	Name:	□Manager	Name:	
Member	Address:	□Member	Address:	<u> </u>
Authorized		□Authorized		7
Person		Person		
]Other	Other	□Other		□Other

indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

- 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)
- 10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of an authorized person Nicholas M. Leddy Typed or printed name of signee

## Office of the Minnesota Secretary of State Certificate of Good Standing

I, Steve Simon, Secretary of State of Minnesota, do certify that: The business entity listed below was filed pursuant to the Minnesota Chapter listed below with the Office of the Secretary of State on the date listed below and that this business entity is registered to do business and is in good standing at the time this certificate is issued.

Name:

NMLE Properties LLC

Steve Vimm

Date Filed:

03/03/2020

File Number:

1145927800023

Minnesota Statutes, Chapter:

322C

Home Jurisdiction:

Minnesota

This certificate has been issued on:

05/18/2020



Steve Simon

Secretary of State
State of Minnesota



May 4, 2020

EDWARD J HITCHCOCK HITCHCOCK LAW FIRM, PLLC 1465 ARCADE STREET SAINT PAUL, MN 55106 US

SUBJECT: NMLE PROPERTIES, LLC

Ref. Number: W20000043968

We have received your document for NMLE PROPERTIES, LLC and check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Laura D Chang Regulatory Specialist II

Letter Number: 020A00009142

45 emailed Cet on 5/19 I was out due to Cord-19 did not get the Cet in hard until 6/5. LDC